Dearness Home Committee of Management

To: **Chair and Members**
Dearness Home Committee of Management
From: **Leslie Hancock, Director of Long-Term Care**
Subject: **Director's Report to the Committee of Management for the Period November 15, 2025, to January 31, 2026**
Date: **February 24, 2026**

Recommendation

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, this report related to the Dearness Home **BE RECEIVED** for information.

Linkage to the Corporate Strategic Plan

The Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

Analysis

1.0 Background Information:

1.1 Previous Reports Related to this Matter:

- February 25, 2025, Director's Report, November 16, 2024, to January 31, 2025
- September 16, 2025, Director's Report, February 1, 2025, to August 16, 2025
- December 2, 2025, Director's Report, August 16, 2025, to November 14, 2025

2.0 Service Provision Statistics:

Occupancy Average November 15, 2025, to January 31, 2026	Number of Individuals on Waiting List as of January 31, 2025
99.68%	Basic – 407 Private – 207

3.0 Ministry Inspections/Visits:

The Ministry of Long-Term Care visited Dearness Home between November 27, and December 3, 2025, to conduct an inspection regarding the Medication Management, Infection Prevention and Control, and Reporting and Complaints. Written notifications for non-compliance were issued in relation to Reporting and Complaints. Every licensee of a long-term care home shall immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.
A copy of the Public Report is available at the Dearness Home Committee of Management meeting on February 24, 2026, and can be found under Appendix A. All

public inspection reports can also be found at https://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=M514&tab=1.

4.0 Mandatory and Critical Incident Reporting:
The Ministry of Long-Term Care (MOLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOLTC during the reporting period:

Incident Type and Number (n) of Incidents	Issues	Status
Disease Outbreak: • ARI-COVID (1)	A Covid outbreak was declared December 6 on Willow Way and concluded on December 22.	In each instance of outbreak, daily surveillance and infection control measures put in place to minimize the chance of spread and the duration of outbreak.
• Parainfluenza/ RSV (1)	Parainfluenza and RSV outbreak declared December 26 on Oakdale and concluded January 13, 2026.	
• ARI- Influenza A (1)	Influenza A declared December 31 on Forest Glen and concluded on January 8, 2026.	
Incident that causes injury to a resident for which the resident is taken to hospital, and which results in a significant change in the resident's health status: • Fall with Injury (2)	Resident experienced unwitnessed fall in bedroom, and was found on the floor, leaning against the wall. Resident was found lying on the floor in bedroom, after a crashing sound was heard from security guard standing in the hallway.	Investigations completed, and all appropriate actions taken with staff and residents involved.

5.0 Infection Control:

- Using funds provided by the government for this purpose, the Home has hired a second full-time Infection Prevention and Control (IPAC) Coordinator who brings many years of experience in the IPAC role and is scheduled to start on February 17, 2026. This additional position will provide IPAC coverage seven days a

week, strengthening oversight, staff support, and timely response to infection prevention needs across the Home.

- The Home remains compliant with the Fixing Long-Term Care Act (FLTCA) and continues to follow best-practice guidelines for auditing and monitoring. During this reporting period, approximately 300 audits were completed, with an average compliance rate of 85%. This strong compliance has contributed to lower outbreak rates and fewer outbreak days.
- In late October, the Home launched its annual influenza vaccination campaign. As of January 15, resident immunization coverage was 76% for RSV, 76% for COVID-19, and 83.5% for Influenza. Staff influenza vaccination rates remain slightly lower at approximately 60%, with 10% of staff receiving Tamiflu prescriptions.
- The Home completed a comprehensive review of all respiratory and gastrointestinal policies and procedures to ensure alignment with best practices and Ministry requirements for the current respiratory season. As a result, several procedures were developed to provide staff with clear guidance on swab collection and submission, illness reporting, and processes related to Tamiflu use and influenza vaccination.
- In December, the IPAC Coordinator successfully obtained her Occupational Health and Safety (OH&S) Certificate, further strengthening the Home's Health and Safety Committee and supporting informed decision-making related to infection prevention and workplace safety.
- In December 2025, the Home was visited by two Ministry inspectors who conducted a review related to critical incidents, including infection prevention and control practices. No IPAC findings were identified during this inspection.

6.0 Health and Safety:

Regular monthly inspections were conducted during the reporting period. The Joint Health and Safety Committee (JHSC) meets monthly to discuss findings from the monthly inspections.

7.0 General Updates:

7.1 Highlights in the Community Life/ Recreation Department:

- The Home's Volunteer Coordinator recruited 12 new Volunteers during this reporting period.
- The Manager of Community Life is one of 6 Gentle Persuasive Approach (GPA) Coaches at the Home. 2 GPA Classes were hosted, and 26 staff and volunteers were educated on the Gentle Persuasive Approach to Dementia Care.
- The Community Life team hosted their annual planning day meeting to ensure special events and programs are set up for success for 2026.
  During Resident Council Week in September, residents received fun placemats, there was an information table in the lobby, and Drag Queen Bingo took place to raise awareness and to ensure all residents know they are welcome.
- A Dearness resident submitted his poem on the Resident Bill of Rights for the OARC (Ontario Association of Residents 'Councils) contest and won a $50 Tim Hortons gift card.
- In November, the team hosted the annual Auxiliary Holiday Bazaar at Dearness Home with over 25 vendors.
- Festivities in December were extra special with our annual Giving Tree where over 80 envelopes containing resident names who need support or extra love on December 25th receive an anonymous gift.
- In December, the Manager of Community Life attended a Health and Safety Supervisor Training.

- Dearness Home residents used the Community Suite at Canada Life Place in January 2026 and attended a London Knights Game and Disney on Ice.
- In January, the team launched the annual Satisfaction survey for both Resident and Family participation.
- Dearness Home Furniture Upgrades project was a great success as the Manager Community Life worked with the incredible team of Facilities Technologist II – Interiors to ensure resident areas old furniture was updated to a home-like, functional and safety conscious set up with an attractive design. Much of the old furniture was repurposed for use in the Micro-Modular Centre.
- The Community Life team hosted an informative and interactive REACT (Recreation Education Action Community Team) Annual Education Day that involves the Recreation Manager and Teams across Long Term Care Homes in London and surrounding areas.

7.2 Highlights in the Dietary Department:

- Special meals were provided for residents on Christmas and New Years, along with themed snacks and placemats.
- All staff who were working, were provided with a meal on Christmas Day.
- “Around the world” theme menus continue to be offered to residents with placemats designed by recreation.
- The Registered Dietitian team has moved to the Inter-RAI system.
- The Dietary team continues to review and educate on the Tray Service Policy.
- Next phase of Mealsuite usage – Cooks production and recipes are now uploaded in the system and displayed on the tablets in the kitchen.
- New plates, bowls and cups were ordered for resident home areas – lighter and shatter resistant.
- Ongoing recruitment for open Kitchen help position.
- Planning underway for a Sysco showcase for residents, to highlight our suppliers in the dietary department.
- Changes made to administration of supplements to better serve the residents.

7.3 Highlights in the Nursing Department Include:

- In November, we saw a changeover in the key role of Medical Director at the Home. Our previous Medical Director chose to remain as an attending physician while she pursues other professional endeavors, which made room for one of our long serving attending physicians to move into the role. The new Medical Director has been with the Home for just over 17 years and has enthusiastically taken on the position.

- In January, the first of four new RN Support Auditor positions started. These new positions are very much focused on supporting the unit nurses in their day-to-day work, providing more hands-on assistance for new nurses to the Home, as well as observing, collecting, recording, and reviewing of information to help ensure the Home complies with legislative requirements. These RNs will also be assessing the safety and quality of care we are providing, as well as identifying areas in need of improvement and change. The goal of those in the positions is to act as peer support and to mentor those whose work they are observing or reviewing. These roles will also reduce the number of times the Home needs to move to the Contingency Staffing plan, as there will be extra RNs in the building on Days and Evenings.

- Following Ontario Health’s release of the four priority areas for the 2026/27 Quality Improvement Plans, the Home began planning for the March submission. Our Continuous Quality Improvement (CQI) team has chosen for the 2026/27 Quality Improvement Plan (QIP), to focus on and address the Ontario Health identified priority areas of Access and Flow, Equity, Experience, and Safety with particular attention on Potentially Avoidable Emergency

Department (ED) Visits. In accordance with Ontario Health, our team believes the priority areas are important to the overall health care system. For this QIP, the Dearness Home will strive towards meeting an in-house established respectable theoretical best target with respect to resident experience, and the provincial benchmark for ED visits, and potentially inappropriate antipsychotic use.

7.4 Highlights in the Environmental Department Include:

- All maintenance staff trained in the use of Worxhub (to be launched in March 2026).
- Annual fire inspection was completed in December. No findings or orders given. Mock evacuation completed.
- Elevator replacement project kickoff meeting held and project to be started in March of 2026.
- Blankets being laundered for the City of London Warming Centers
- Human Rights training provided to all Environmental Services staff

Submitted by: **Leslie Hancock, Director, Long Term Care**
Recommended by: **Leslie Hancock, Director, Long Term Care**
Concurred by: **Kevin Dickins, Deputy City Manager, Social and Health Development**

CC: S. Datars Bere, City Manager
J. Millman, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations
K. Beaune, Manager, Employee Relations & Recruitment

Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report Under the Fixing Long-Term Care Act, 2021

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: December 3, 2025
Inspection Number: 2025-1539-0007
Inspection Type: Complaint Critical Incident
Licensee: The Corporation of the City of London
Long Term Care Home and City: Dearness Home for Senior Citizens, London

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 27 and December 1- 3, 2025
The following intakes were inspected:

1. Intake #00161842 related to a complaint about resident care and medication management
2. Intake #00163217/Critical Incident System report #M514-000022-25 related to infection prevention and control

The following **Inspection Protocols** were used during this inspection:

Medication Management
Infection Prevention and Control
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting and Complaints

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

Documentation in a resident's electronic medical records supports that in November, 2025, the home was aware of an issue regarding a resident and a co-resident. In interviews with the resident and staff, the resident recounted the issue regarding co-resident; staff #101 verified they were aware of a complaint from complainant and resident about the same issue and also recounted that they had emailed staff #102 about the concern; staff #102 and staff #103 verified they were aware of a written and verbal complaint from complainant; and staff #102 acknowledged the complaint had not been forwarded to the Director.

Sources: Record review of a resident's electronic medical record; interviews with staff #101, staff #102 and staff #103